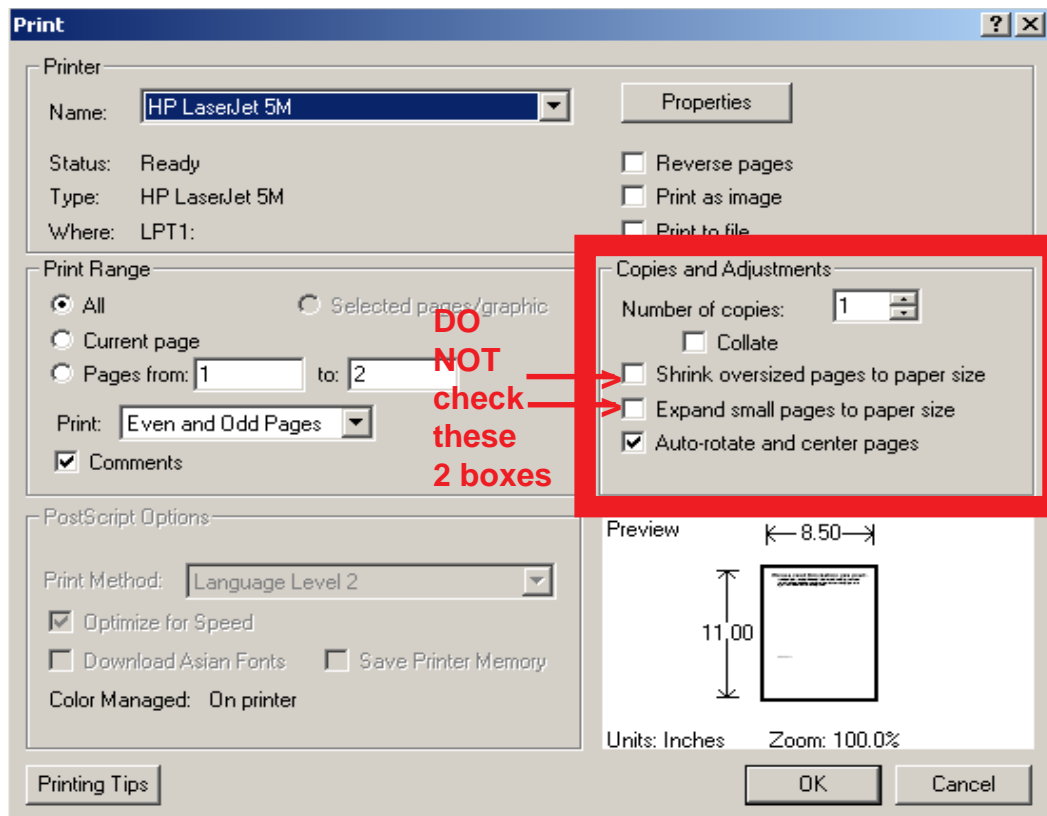


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Naturopathic Physician License Application Packet

1. 648-011 ... Contents List/SSN Information/Deposit Slip 1 page
2. 648-016 ... Naturopathic Physician Licensure General Information and Instructions 2 pages
3. 648-006 ... Application for Naturopathy License 4 pages
4. 648-017 ... Jurisprudence Naturopathy Program Licensing Examination 8 pages
5. 648-013 ... Verification of Licensure/Certification/Registration 1 page

B. Important Social Security Number Information:

- * Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
- * Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Naturopathic Physician

DEPOSIT SLIP

NAME (Please Print)

DATE

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return
with your application.

\$

- ☐ Check
☐ Money Order

DOH648-011 (REV 8/2003)

1F 0252050000 00317

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Naturopathic Physician Licensure General Information And Instructions

To qualify for licensure as a Naturopath in Washington State, you must have graduated from a Naturopathic school approved by the Secretary of the Department of Health. The following schools have been approved:

1. Bastyr University, Kenmore, Washington
2. National College of Naturopathic Medicine, Portland, Oregon
3. Southwest College of Naturopathic Medicine and Health Sciences, Tempe, Arizona
4. University of Bridgeport College of Naturopathic Medicine, Bridgeport, Connecticut

An applicant must pass each of the following examinations with a score of 75 before licensure will be granted:

1) **Naturopathic Physicians Licensing Examinations (NPLEX)—Part I Basic Science Examinations:**

Anatomy, Biochemistry, Microbiology, Pathology, Physiology

NPLEX—Part II Clinical Science Examinations:

Physical and Clinical Diagnosis, Lab and X-Ray Diagnosis Imaging, Emergency Medicine, Botanical Medicine and Pharmacology, Nutrition, Psychology & Lifestyle Counseling, Physical Medicine.

NPLEX—Add-On Examinations:

Homeopathy and Minor Surgery.

2) **Washington State—Jurisprudence examination.**

Send Application And Fee To:

Department of Health
Naturopathy Program
P.O. Box 1099
Olympia WA 98507-1099

Send Additional Supporting Documents For Application Process To:

Department of Health
Naturopathy Program
P.O. Box 47869
Olympia WA 98504-7869

Application For Licensure

Complete and submit the following:

1. Completed Washington State application form with signature and date.
2. Application fee \$25.00, Washington State examination fee \$25.00, and initial license fee \$25.00.

3. Official transcripts sent directly from the college where the Naturopathic degree was obtained.
4. Verification of passing the NPLEX basic science examinations, clinical science examinations and add-on examinations of minor surgery and homeopathy with minimum score of 75 for each examination sent directly from NPLEX.
5. Verification letters sent directly from **all states** in which you have ever obtained a credential to practice in any health care field (If applicable).
6. Completed Washington State Jurisprudence examination.

Application and Examination Fees are Non-Refundable.

PLEASE NOTE: All NPLEX Basic and Clinical Science examinations are required for Washington State Naturopathy licensure. If you were licensed in a state, which did not require all NPLEX components, you must apply to sit for the remaining components. Examinations which do not meet Washington State reexamination specifications, as stated in WAC 246-836-050, will not be accepted.

Washington State Naturopathy Fees

Application (initial / retake)	\$ 25.00
State examination (initial / retake)	25.00
Initial license	25.00
License renewal	200.00
Late renewal penalty	100.00
Expired license reissuance	100.00
Duplicate license	15.00
Certification of license	15.00
Application for reciprocity	25.00

Please call (360) 236-4944 if you have any questions regarding the application process.



Health Professions Quality Assurance Division
Naturopath Program
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY

ISSUANCE DATE

LICENSE #

LICENSE #

Application For Naturopathy License

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

NOTE: Application Fee is Non-Refundable. Make Remittance Payable to the Department of Health

1. Applicant Information

APPLICANT'S NAME LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

CITY STATE ZIP COUNTY

NOTE: The mailing address you provide will be released upon public request as it is the address of record. Your license document will show this address and all correspondence from the Department will be sent to this address until you notify us in writing of a change.

TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING **NORMAL BUSINESS HOURS.**)SOCIAL SECURITY NUMBER (**Required** for license under 42 USC 666 and Chapter 26.23 RCW)GENDER
☐ Female ☐ MaleBIRTHDATE (MO/DAY/YR)
/ /

PLACE OF BIRTH

Have you ever been known under any other name? ☐ Yes ☐ No

If yes, list full name(s)

2. Previous Licensure

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. (Attach additional 8 1/2 x 11 sheet if necessary.)

STATE/JURISDICTION	PROFESSION	LICENSE TYPE	LICENSE		METHOD OF LICENSURE	CURRENTLY IN FORCE
			YR ISSUED	NUMBER		
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ I have never been licensed to practice Naturopathy in any jurisdiction.

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐
- "Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Chemical substances"** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.**
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
- a. the use or distribution of controlled substances or legend drugs? ☐ ☐
- b. a charge of a sex offense? ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have:
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

4. Education

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training. (Attach additional 8 1/2 x 11 sheet if necessary.)

FULL NAME, CITY AND STATE SCHOOLS ATTENDED	DEGREE EARNED	ATTENDANCE	
		ENTRANCE DATE	ENDING DATE

5. Professional Experience

In chronological order, list all activities and account for all periods of time from graduation to the present (Exclude activities listed under other sections.) (Attach additional 8 1/2 x 11 sheet if necessary.)

INDICATE NATURE OF EXPERIENCE OR PRACTICE AND LOCATION	INCLUSIVE DATES OF EXPERIENCE	
	BEGINNING DATE	ENDING DATE

6. Examination Data

Have you taken the Clinical Examination in a state other than Washington? ☐ Yes ☐ No

If so, in what state? _____ Date exam passed _____

Have you taken the Basic Sciences Examination in a state other than Washington? ☐ Yes ☐ No

If so, in what state? _____ Date exam passed _____

Have you ever applied for licensure in Washington before this application? ☐ Yes ☐ No

Approximate date _____ Under what name did you apply? _____

7. AIDS Education and Training Attestation

I certify I have completed the minimum of seven (7) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE

8. Applicant's Attestation

I, _____, certify that I am the person described and identified in
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state and federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice in the State of Washington.

Signature of Applicant _____ Date _____

Official Use Only

Washington State Records Center



Candidate Name: _____

Date: _____

**State of Washington
Health Professions Quality Assurance Division**

Examination validated, edited and approved
by Washington State

Jurisprudence

Naturopathy Program Licensing Examination

Instructions:

The Jurisprudence examination is an “open” Naturopathy law book examination. Please use a **number 2 pencil** when completing the examination.

Never mark more than one answer to a question. There is only one best answer. If you think that two answers are equally correct, choose and mark only one of them. Comments concerning this may be placed on the Test Feedback Form attached at the end of the examination.

To change an answer, erase completely and then mark another choice.

True and False

1. Naturopathic physicians can take and interpret standard radiographs:
 - A. True
 - B. False
2. The naturopathic scope of practice in Washington State includes hypnosis, biofeedback, and counseling:
 - A. True
 - B. False
3. Naturopathic physicians have prescription rights to include some controlled substances:
 - A. True
 - B. False
4. Naturopathic physicians may use “physical modalities” to include physical, chemical, electrical, and other non-invasive modalities:
 - A. True
 - B. False
5. A person may represent him/herself as a naturopathic physician in Washington State after graduation from an approved school, and prior to being issued a license to practice, only if the services provided are billed by a licensed practitioner:
 - A. True
 - B. False
6. Common diagnostic procedures include those that require a superficial surgical incision:
 - A. True
 - B. False
7. A naturopathic physician may prescribe and fit a diaphragm contraceptive device:
 - A. True
 - B. False
8. If your patient is confused and thinks you are a medical doctor, you need not explain the difference in scope of practice unless the patient requires something that you cannot provide:
 - A. True
 - B. False

True and False

9. A Washington State license allows you to practice in any state as long as you maintain a current license in Washington State:
 - A. True
 - B. False
10. Minor office procedures include repair of superficial abrasions and lacerations:
 - A. True
 - B. False
11. Naturopathic physicians can perform and interpret any radiographic studies:
 - A. True
 - B. False
12. Homeopathy is part of the scope of practice of naturopathic medicine in Washington State:
 - A. True
 - B. False
13. Manual manipulation includes both the spine and extremities and can be done by hand or mechanical means:
 - A. True
 - B. False
14. Naturopathic physicians may perform endoscopy:
 - A. True
 - B. False
15. Once licensed, a naturopath may delegate any and all procedures over to an unsupervised person as long as that person is located in the same office.
 - A. True
 - B. False

Multiple Choice

1. The disciplinary authority finds that a naturopathic physician can no longer practice safely due to a health condition. The **primary** responsibility of the disciplinary authority is to:
 - A. Protect the public.
 - B. Decide on appropriate punitive action.
 - C. Provide for the naturopathic physician's rehabilitation.
 - D. Maintain the integrity of the profession.
2. Failure to comply with a subpoena or notice issued by the disciplinary authority is considered:
 - A. A misdemeanor.
 - B. A gross misdemeanor.
 - C. Unprofessional conduct.
 - D. Misrepresentation or fraud.
3. The cost of a voluntary substance abuse monitoring program is the responsibility of the:
 - A. License holder.
 - B. Disciplinary authority.
 - C. License holder's employer.
 - D. License holder's insurance carrier.
4. Dishonest or unethical treatment of patients is deemed unprofessional conduct:
 - A. Depending on the license holder's intent.
 - B. Whether or not a crime has been committed.
 - C. Only after harm or injury to patients has been demonstrated.
 - D. Only after criminal behavior has been established in a court of law.
5. Applicants for licensure must reveal:
 - A. All material of fact.
 - B. Only prior convictions.
 - C. Only violations of professional misconduct.
 - D. All information two years prior to application.
6. An applicant passes a Washington State professional licensing examination, but fails to disclose that licensure was suspended in another state. The disciplinary authority will most likely:
 - A. Require that the examination be retaken.
 - B. Issue sanctions against the applicant.
 - C. Require that the applicant explain matters.
 - D. Take action only after obtaining all the records from the other state.

Multiple Choice

7. Prescribing controlled substances for one's own use is:
 - A. Regulated.
 - B. Permitted.
 - C. Prohibited.
 - D. Allowable under certain conditions.
8. When the disciplinary authority requests information regarding a complaint, the license holder must:
 - A. Respond in person.
 - B. Obtain legal counsel.
 - C. Respond within 5 working days.
 - D. Furnish in writing a complete explanation.
9. Which of the following constitutes misrepresentation or fraud:
 - A. Advertising free services.
 - B. Giving out coupons for reduced fees.
 - C. Waiving co-payments to the patient and insurance company.
 - D. Failing to disclose discounts or reduced fees on a patient's bill.
10. A health care professional suffering from a contagious disease must:
 - A. Refrain from patient contact until recovered.
 - B. Notify the disciplinary authority immediately.
 - C. Protect patients by wearing protective clothing.
 - D. Promptly disinfect the office area and all clothing.
11. A health care professional agrees to a patient's request for treatment using an untested, experimental method. The professional fails to disclose this information when it is requested by the disciplinary authority. This is an example of:
 - A. A research procedure.
 - B. Unprofessional conduct.
 - C. Investigational procedures.
 - D. Practitioner-patient privilege.
12. A health care professional may engage in sexual activity with a current adult patient:
 - A. Under no circumstances.
 - B. If the patient consents, and is not coerced in any way.
 - C. If such contact does not abuse the practitioner-patient relationship.
 - D. If such contact will not adversely affect the patient or other individuals.

Multiple Choice

13. Your friend, another practitioner, is attracted to a new patient and would like to pursue a relationship. Which action should your friend take to best avoid misconduct?
- A. Weigh all the pros and cons before doing anything.
 - B. Ignore any feelings and continue to treat this patient.
 - C. Refer this patient to another practitioner for treatment.
 - D. Determine the patient's feeling by having a phone conversation
14. An individual who in good faith files a complaint against a naturopathic physician charging unprofessional conduct is:
- A. Immune from any civil or criminal action suit related to the complaint.
 - B. Required to appear in person at every hearing related to the complaint.
 - C. Entitled to the full refund of any payment for naturopathy services rendered.
 - D. Entitled to compensation in the amount of the designated civil penalties.
15. A naturopathic physician discloses health care information about a patient for a research project, without patient authorization. This project has been approved by institutional review. According to the law, this action is:
- A. Unethical.
 - B. Permissible.
 - C. Unprofessional conduct.
 - D. Allowable only if the patient is notified.
16. Which of the following is required for license renewal each year?
- A. 10 hours of continuing education courses in any health related education.
 - B. 15 hours of continuing education courses only in diagnosis as listed in RCW 18.36A.040.
 - C. 20 hours of continuing education courses only in diagnosis and therapeutics as listed in RCW 18.36A.040.
 - D. 30 hours of continuing education courses only in therapeutics as listed in RCW 18.36A.040.
17. The main intent of the Uniform Disciplinary Act is to provide:
- A. Higher standards for health care providers.
 - B. Increased accountability in the health care professions.
 - C. Incentives for state health care professionals to meet federal guidelines.
 - D. Standard procedures for licensing health care professions and law enforcement.

Multiple Choice

18. Which of the following may naturopathic physicians order:
- A. PA and lateral chest X-ray.
 - B. Pelvic Ultrasound.
 - C. Abdominal CT scan.
 - D. All of the above.
19. Naturopathic physicians may use and prescribe which of the following:
- A. Immunizations.
 - B. Whole gland thyroid.
 - C. Prescription vitamins.
 - D. All of the above.
20. It is permissible for licensed naturopathic physicians to:
- A. Become sexually involved with patients.
 - B. Prescribe controlled substances for their own use.
 - C. Practice after full recovery from the misuse of alcohol.
 - D. Accept a valuable gift from a potential supplier of naturopathic products.

Test Comment / Suggestion Form

Profession: Naturopathy Program

Exam Section: Washington State Written Jurisprudence Examination

The purpose of this form is to provide you with the opportunity to communicate any comments or observations, positive and/or negative, you may have concerning the examination you have just taken and/or the application and testing process.

Please begin your statements by identifying the question number on which you are commenting, then describe as specifically as possible your observations or concerns. All comments will be reviewed and considered by examination staff and the Naturopathy Program staff.

To ensure complete impartiality in this process it is requested that examinees avoid identifying themselves by name on this form.

We thank you for any suggestions that will help us to improve our services to you.

Please return this form to the Naturopathy Program.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47869, Olympia, Washington 98504-7869

Naturopathy Program Verification of Licensure/Certification/Registration

Part 1—Note To Applicant

Complete Part 1. Submit form(s) to all state naturopathy programs where you have ever been licensed, certified or registered.

Name: _____

I was licensed by the _____ Board/Committee of the Naturopathy Program
under the name _____

My original license number is _____

My address is _____

Applicant's Signature _____

Part 2

To be completed by the state naturopathy credentialing agency and returned to the Department of Health, Naturopathy Program, Post Office Box 47869, Olympia, Washington 98504-7869.

License issued on _____ License No. _____

Applicant licensed by: ☐ Exam (if yes, name and date of exam) _____
☐ Endorsement
☐ Waiver

Is applicant currently licensed in this state? ☐ Yes ☐ No Date of expiration: _____

If not currently licensed, when did license expire? _____

Is the applicant in good standing? ☐ Yes ☐ No If no, please attach detailed explanation.

Has the license ever been encumbered in any way? ☐ Yes ☐ No (Revoked, suspended, surrendered, restricted, placed on probationary status or under investigation) If yes, please attach detailed explanation.

Is any action pending against applicant? ☐ Yes ☐ No If yes, please attach detailed explanation.

Print Name: _____ Title: _____

Signature: _____ Date: _____

State: _____

(State Seal)